



## NOTICE OF BUSINESS CLOSURE

BUSINESS LICENSE ACCOUNT #: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

TRADE NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESSES LAST DAY OF OPERATION IN THE CITY OF SALEM: \_\_\_\_\_ 20 \_\_\_\_\_

REASON FOR CLOSURE:

\_\_\_\_ Business Terminated

\_\_\_\_ Business Relocated New location address: \_\_\_\_\_

\_\_\_\_ Business Sold New owner name: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

HAS ALL EQUIPMENT OWNED BY THIS BUSINESS BEEN SOLD, MOVED, OR DISPOSED? \_\_\_\_\_

HAVE ALL VEHICLES TITLED TO THIS BUSINESS BEEN SOLD OR REG. W/ NEW LOCALITY? \_\_\_\_\_

IF YOU ANSWERED NO TO EITHER QUESTION PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OR OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_